stenting were: level II-III arch; four patients, bilateral iliac occlusion; three patients, ostial common carotid artery (CCA) stenosis in one patient and Bovine arch in another patient. Standard technique for TR/TB carotid stenting was using a 6F Kimny–Radial guiding catheter selecting a CCA, a PercuSurge guard-wire balloon was inflated at distal external carotid artery for anchoring, then the 6F guiding catheter was exchanged to a 7F Kimny–Radial guiding catheter. The TR/TB carotid stenting for consecutive 30 pts (32 procedures) were all successful. Mean access time for TR/TB group was 2.72 ± 2.6 min, diagnostic time 17.3 ± 8.9 min, fluoroscopic time 20.6 ± 10.6 min and total procedure time 73.1 ± 31.1 min, (all these parameters showed no differences compared to TF group). In 30/32 of the TR/TB procedures either PercuSurge or EZ/EX Filter wire device was used for protection from distal embolization. Direct stenting was done in 17/32 (53.12%) procedures of the TR/TB group and 13/32 (40.6%) procedures of the TF group (non-significant difference), the baseline and outcome angiographic findings showed no significant differences. The only major complication was minor ischemic stroke; 1/32 TR/TB group and 1/32 TF group, those two patients had hyper-perfusion syndrome and were recovered without major neurological defect.

*Conclusion*: Routine TR/TB carotid stenting for experienced operators is feasible and safe.

*Tracks:* Adult Cardiology.

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**SHA 15. Update in lung isolation techniques during anesthesia for thoracic surgery**

Dr. Abdelazeem Eldawlatly
*Professor of Anesthesia, King Saud University*

*Objectives*: This type of presentation is stage presentation and lecture format. It will describe the update in lung isolation during thoracic surgical procedures.

*Methods*: This type of presentation is stage presentation and lecture format. It will describe the update in lung isolation during thoracic surgical procedures.

*Results*: This type of presentation is stage presentation and lecture format. It will describe the update in lung isolation during thoracic surgical procedures.

*Conclusion*: This type of presentation is stage presentation and lecture format. It will describe the update in lung isolation during thoracic surgical procedures.

*Tracks*: Cardiovascular Surgery.

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**SHA 16. Treatment of cardiovascular valves by embryonic stem cell therapy**

Dr. Abraham Solomon
*Student, Jeppiaar Engineering College*

*Objectives*: To create a world with out heart attack or heart failure.

*Methods*: In today's world the number of heart attacks is vaguely increasing day by day. There are various case of cardiovascular failures which is been registered worldwide. This can be reduced to certain amount by the use of current science and technology available. The embryonic stem cell therapy is a very promising one to the very future generation where we could have a chance to either eradicate the failure of valves or could make them regenerate them when necessary. This method of embryonic stem cell technique is one of the most vital methods to save the patient's life. this method of embryonic stem cell therapy is based upon the cells which ar being derived from the embryo when they are at the stage of blastocytes. The ICM is being from the embryo and is casted in a petri plate which is supplied with the nutrients and the ICM is allowed to grow, after the development of unipotent stage from pulripotent stage, the different cell lines can be seen here in we isolate the myocardial cells and in turn mix them with the patients own stem cells this is done inorder to avoid the rejection of cells by immune system. there after these stem cells are being delivered and made to grow in the affected area where the tend to form a new set of myocardial cells.

*Results*: This is a theoretical submission.

*Conclusion*: We can create a world with out heart failure.

*Tracks:* Adult Cardiology.

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**SHA 17. Safety and efficacy of transradial vs. transfemoral arterial primary coronary angioplasty for acute myocardial infarction, single-center experience**

Dr. Ali A. Youssef [a], Dr. Hon-Kan Yip [b], Dr. Chiung-jen Wu [b]
[a] *Sues Canal University*
[b] *CGMH*

*Objectives*: The aim of the present study was to test the hypothesis that the transradial arterial approach (TRA) is not inferior to the transfemoral arterial approach (TFA) for acute myocardial infarction (AMI) patients undergoing primary percutaneous coronary intervention (PCI).

*Methods*: This study enrolled 506 AMI patients undergoing primary PCI using the TRA (group 1) between March 2002 and May 2007, and 810 AMI patients undergoing primary PCI using TFA (group 2) between May 1993 and February 2002.

*Results*: The study demonstrated that puncture to first balloon-inflation time was similar in both groups; however, the procedure time was shorter in group 1 than in group 2 ($P < 0.0001$).

*Conclusion*: Initial selection of TRA is not inferior to initial selection of TFA for AMI patients undergoing primary PCI. However, in the present study, the incidence of combined vascular and bleeding complications was lower with the TRA than with the TFA approach.

*Tracks:* Adult Cardiology.

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**SHA 18. Outcome of total correction of Taussig–Bing anomaly**

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*Assisstant Consultant, National Guard Hospital Riyadh*

*Objectives*: The double outlet right ventricle/Taussig–Bing anomaly (DORV–TB) is the second most common type of (DORV). This study evaluates our experience of total correction of DORV–TB anomaly at King Abdulaziz Cardiac Center (KACC).

*Methods*: We conducted a retrospective study for cases of Taussig–Bing anomaly repaired between June 2001 and April

2009. Patients were divided into: group I (Arterial Switch $n = 9$) and group II (Rastelli $n = 4$), one patient had an arch repair and Pulmonary Artery Banding then Rastelli.

*Results*: Thirteen patients of Taussig–Bing anomaly underwent total correction. Median age and weight were $5 \pm 6$ weeks, $3.4 \pm 0.7$ kg, respectively. Aortic arch abnormalities was present in nine patients (69%), abnormal coronary artery patterns were present in seven patients (54%), side by side great arteries in five patients (38%), dextrotransposition of great arteries in seven patients (54%) and p-malposition in one patient (7.7%). There was no early mortality (one late mortality due to left ventricle dysfunction). Four cases (two from each group) developed right ventricular outflow tract obstruction, one required re-operation. Two patients from group II developed significant left ventricular outflow tract obstruction, one required re-operation. One patient from group I underwent balloon dilatation due to residual coarctation.

*Conclusion*: DORV–TB is often associated with other congenital cardiac anomalies. In general total repair is feasible in majority of cases with satisfactory results and improved outcome.

*Tracks*: Pediatric Cardiology.

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**SHA 19. Both sides coronary angiography and intervention using a single transradial guiding catheter**

Dr. Ali A. Youssef, Lecturer [a], Dr. Chiung-Jen Wu, Assist. Prof. [b],
Dr. Cheng-I. Cheng, Assist. Prof. [b],
Dr. Yuan-Kai Hsieh, Assist. Prof. [b]
[a] *Sues Canal University*
[b] *CGMH*

*Objectives*: Coronary intervention using transradial approach (TRA) is common worldwide. However, there is no data about the utilization of a single guiding catheter for current routine, transradial both sides coronary diagnosis and intervention. This study inves.

*Methods*: A prospective, single-center, study enrolled 530 consecutive patients referred for TRA coronary angiography, with ad hoc coronary intervention. The exclusion criteria were uremia and the general contraindications for cardiac catheterization.

*Results*: Radial artery was successfully accessed in 513 patients (97.8%). Both sides' coronaries were successfully engaged in 519 patients (97.9%). Engagement with good back-up at both sides simultaneously (device success) was achieved in 510 patients (96.2%). The mean number of catheters per procedure was 1.01 for the left coronary and 1.03 for the right coronary artery (RCA). Coronary intervention was performed in 331 (62.5%) patients (449 vessels), among them, 285 (86.1%) patients had coronary stenting. An 80.9% of treated lesions were AHA/ACC class B2/C. Procedure success was 97.9%. Procedure time was $49.7 \pm 37$ min, mean fluoroscopy time was $17.8 \pm 18$ min and mean contrast volume was$159 \pm 84$ ml for all cases. The catheter induced RCA dissection in three cases (0.56%).

*Conclusion*: Transradial both sides coronary angiography and intervention is feasible and highly successful using IL 3.5 as a single catheter.

*Tracks*: Adult Cardiology.

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**SHA 20. Carotid artery disease in asymptomatic patients. What to do?**

Dr. Mohamed Abd Alwahab
*Assisstant Consultant, Prince Salman Heart Center*

*Objectives*: Stroke has been the most feared of the peri-operative complication of cardiac surgery especially with significant carotid disease $>70\%$. This study was conducted to evaluate if there is any benefit of CEA with concomitant CAD for CABG.

*Methods*: Retrospective chart review of 100 patients with asymptomatic high grade carotid artery stenosis ($>70\%$ undergoing CABG + valve surgery) during 9-years period. Those patients are divided into two groups: Group A (CABG + CEA): 33 patients had prophylactic CEA (either staged or combined) along with CABG + valve surgery with prophylactic CEA. Group B (CABG): 67 patients had only CABG + valve replacement without prophylactic (CEA). The data of the two groups were collected and analyzed.

*Results*: Demographic data in both groups is identical. No significant difference in the incidence of stroke rate in both groups. Bilateral carotid artery disease with good communication between anterior and posterior intracranial circulation as proved by MRA and MRI has the same result of unilateral significant carotid artery disease.

*Conclusion*: Prophylactic CEA is unnecessary in asymptomatic patients. In bilateral carotid artery disease: MRA and MRI should be considered to evaluate communication between anterior and posterior intracranial circulation.

*Tracks*: Cardiovascular Surgery.

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**SHA 21. Surgical removal of left atrial myxoma in a pregnant lady with recent stroke during 1st trimester**

Dr. Hamoud Yahya Obied
*Assistant Consultant, Prince Salman Heart Center*

*Objectives*: A 35 years old female, 3 months pregnant. Presented to our emergency room with weakness of the right side. She sustained TIA 2 weeks ago which was resolved. On examination she was alert with power 4/5 in right side. Brain MRI showed multiple emboli in the distribution of middle cerebral artery. Echocardiography showed large left atrial mass with multiple small freely mobile attached fragments.

*Methods*: The case was discussed between cardiologist, neurologist, and cardiac surgeon and the consensus was for excision of the possible myxoma since there was multiple small freely mobile attached fragments.

*Results*: Precautions during CPB: (1) using blood as priming solution, (2) normothermia during CPB and (3) high perfusion pressure.

*Conclusion*: Post operatively no neurological insult and the fetus was in good condition. Histopathology confirmed that the mass is left atrial myxoma.

*Tracks*: Cardiovascular Surgery.

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**SHA 22. Validation of Datascope Accutorr PlusTM using British Hypertension Society (BHS) and Association for the Advancement of Medical Instrumentation (AAMI) protocol guidelines**

Dr. Rajab Ali
*Consultant, King Khalid University Hospital*